

Name
in
Full

Wm F. DeFord

CERTIFICATE OF DEATH

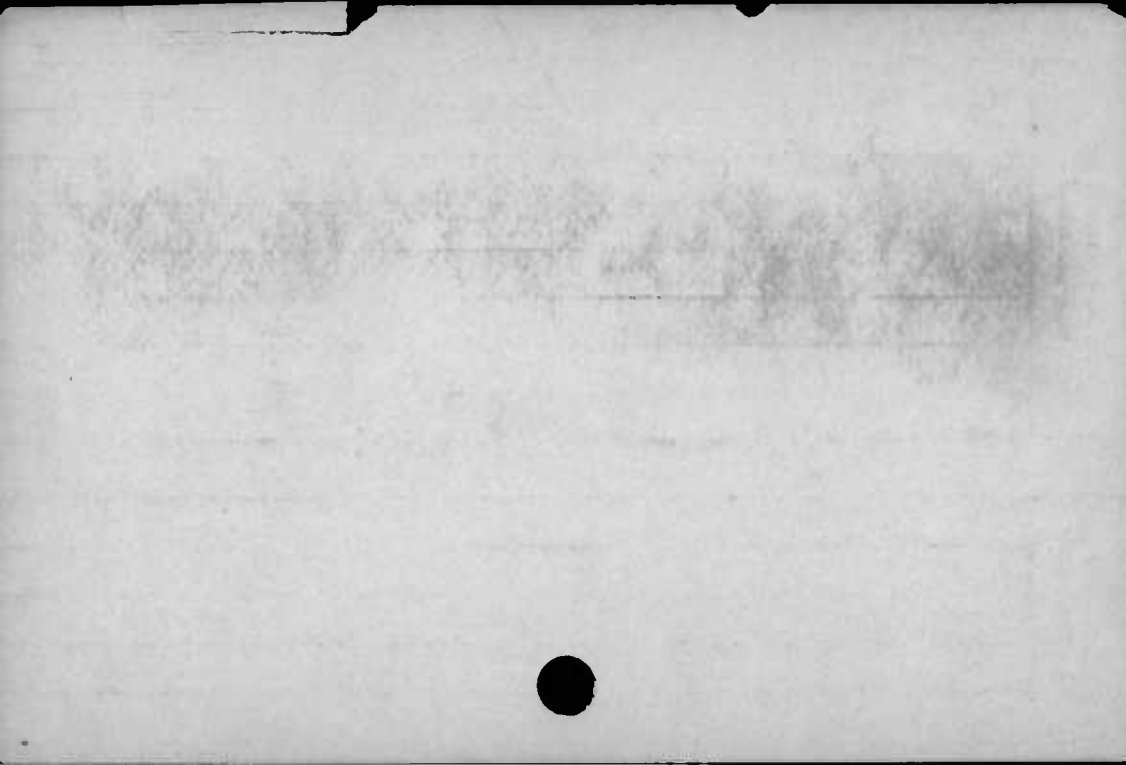
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>2</i>	Day <i>23</i>	Age <i>5-2</i>	Months <i>7</i>	Days <i>5-</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Emma DeFord</i>				
Father's Name <i>Charles F. DeFord</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>F. G. DeFord</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	<i>64</i>	How long <i>Four days</i>
Immediate <i>Stroke</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. P. R. DeFord</i>	
	Address <i>Denton</i>	
Accident or Suicide? <i>No</i>	<i>Ind</i>	



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CERTIFICATE OF DEATH

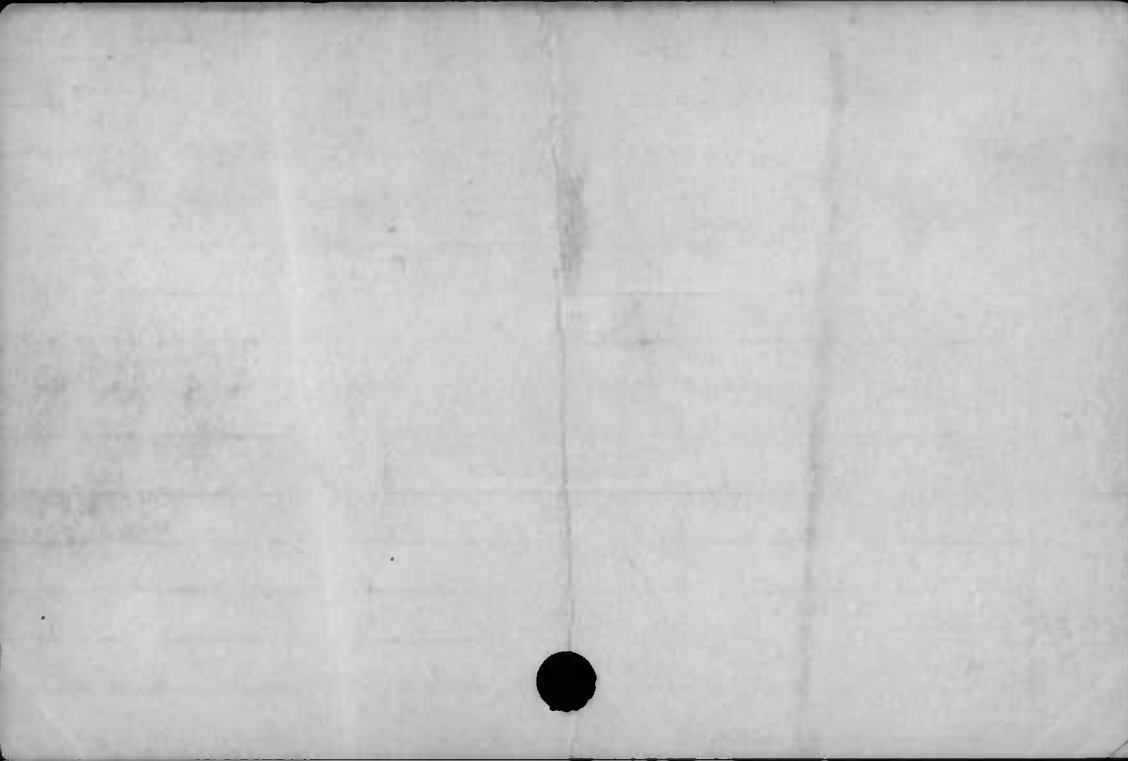
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1905	Month	Dec	Day	7
Sex	Male	Color or Race	White	Age	Years
Occupation				Birth-place	Denton
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name			Father's Birth place		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born - S.</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
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NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *New Ridgely* ^{Town} *Caroline* ^{County}Date of death *1905* ^{Month} *2* ^{Day} *15* ^{Age} *3* ^{Years} ^{Months} ^{Days}Sex *Male* Color or Race *Negro* Birth-place *Ida*Occupation ^{Where Residing if not at place of death}Married, Single or Widowed ^{Name of Wife or Husband}Father's Name *Geo. Washington Elwell Gibbs*Father's Birthplace *Ida*Mother's Maiden Name *Ethel Irman*Mother's Birthplace *Ida*Name of person giving Information *G. W. E. Gibbs*How related to deceased *Father*

CAUSES OF DEATH

Primary

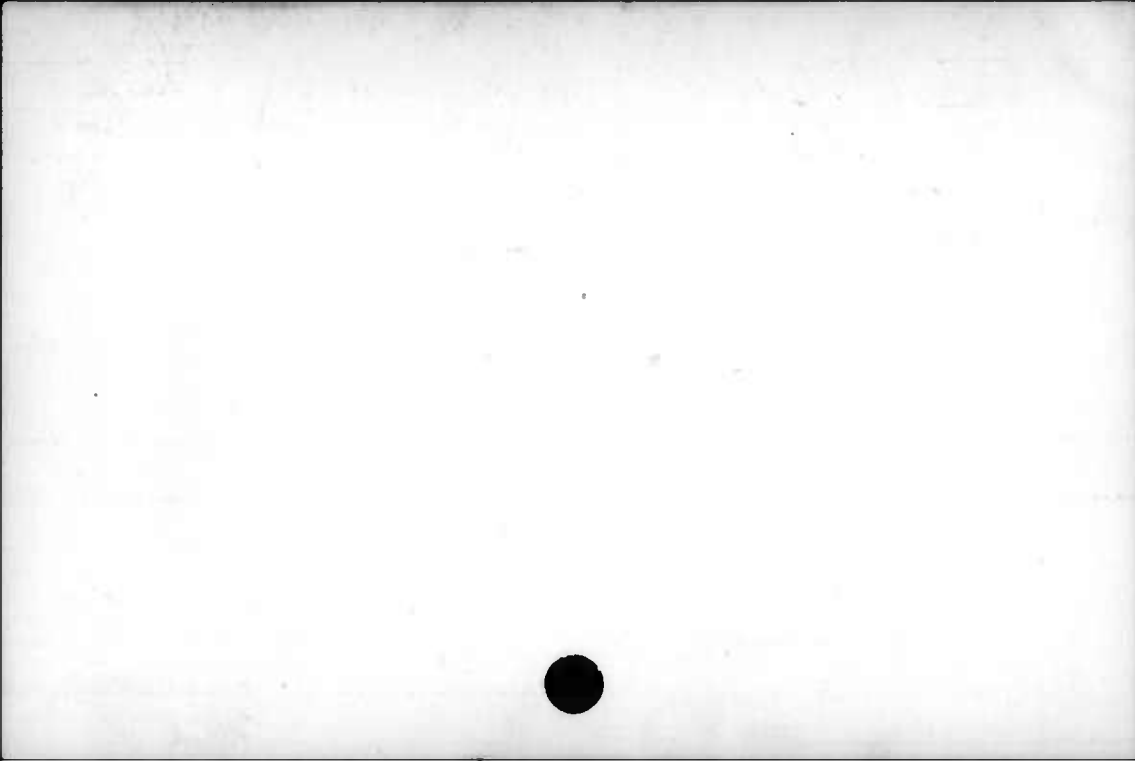
How long

Immediate *Marasmus*How long *12 mos*Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?



Name in Full

Certificate of Death

Died at

Date 189

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

of

Mother's

Name

Primary

Immediate

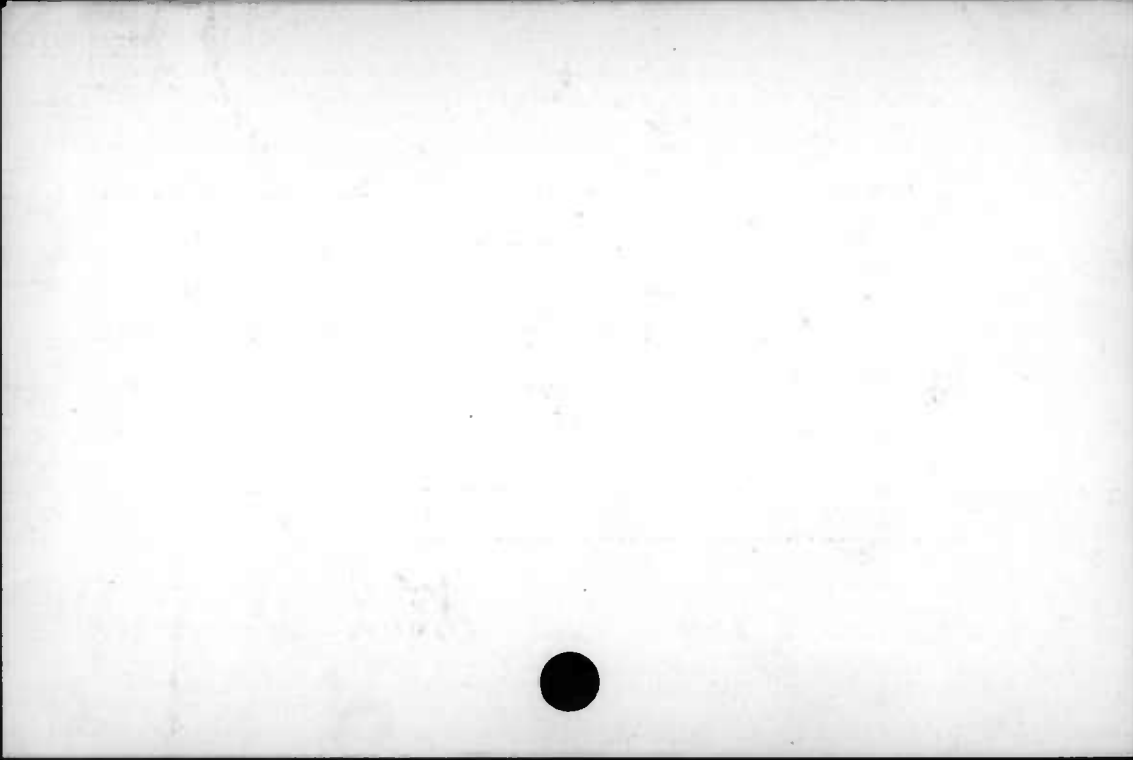
How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, BOSTON



Name in Full		Margarite Jolley				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	near Preston		Caroline		MARYLAND		
	Date of death	1905	Feb	5	Age	4	8 Months 8 Days	
	Sex	Female		Color or Race	Black		Birth-place	Maryland
	Occupation			Where Residing if not at place of death				
	Married, Single or Widowed			Name of Wife or Husband				
PHYSICIAN OR CORONER	Father's Name	John W. Jolley				Father's Birthplace	Maryland	
	Mother's Maiden Name	Mary Ellen Adams				Mother's Birthplace	Maryland	
	Name of person giving information	John W. Jolley				How related to deceased	Father	
	CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Burn				How long	167	
	Immediate	Shock				How long	1 day	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
	Accident or Suicide?				J. A. Noble Preston Md.			



Name
in
Full

Elysebeth L. Campbell

CERTIFICATE OF DEATH

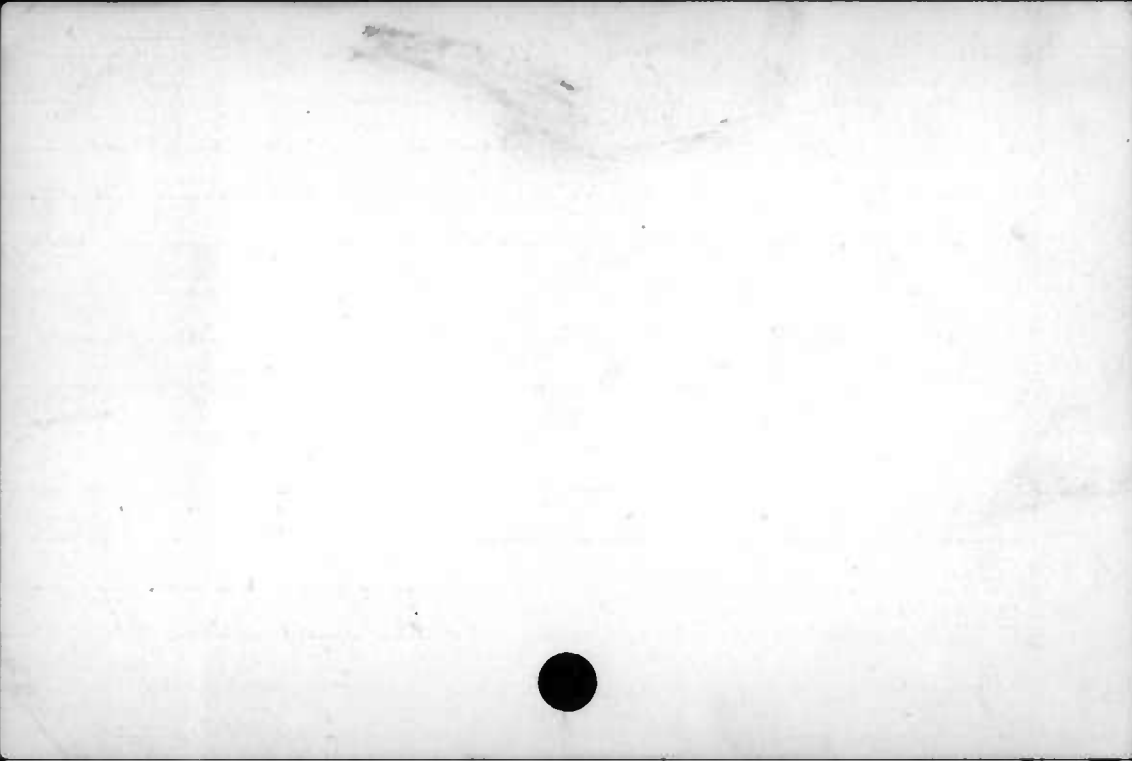
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Orkston</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month <i>Feb</i>	Day <i>3</i>	Age <i>84</i>	Years <i>4</i>	Months <i>8</i>	Days
Sex <i>Female</i>		Color or Race <i>W.</i>		Birth-place <i>MD</i>			
Occupation				Where Residing if not at place of death <i>Jas. L. Campbell</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name <i>Timmonow</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Jas. Poal</i>		<i>27</i>		How related to deceased <i>Grandson</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Probably Tuberculosis</i>	How long
Immediate	<i>?</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Raymond Dawnes</i>
		Address
Accident or Suicide?		



Name
in
Full

E. Grace S. Madara.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ridgely</i>		County <i>Caroline</i>		MARYLAND	
Date of death		Month <i>5</i>	Day <i>2</i>	Years <i>32</i>	Months <i>3</i>	Days <i>15</i>	
Sex	<i>Female</i>		Color or Race	<i>Caucasian</i>		Birth-place	<i>Penna</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>D. J. C. Madara</i>			
Father's Name	<i>Fred^d B. Staunbaugh</i>				Father's Birthplace	<i>Penna.</i>	
Mother's Maiden Name	<i>Francina Stauffman</i>				Mother's Birthplace	<i>Penna.</i>	
Name of person giving Information	<i>J. C. Madara</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

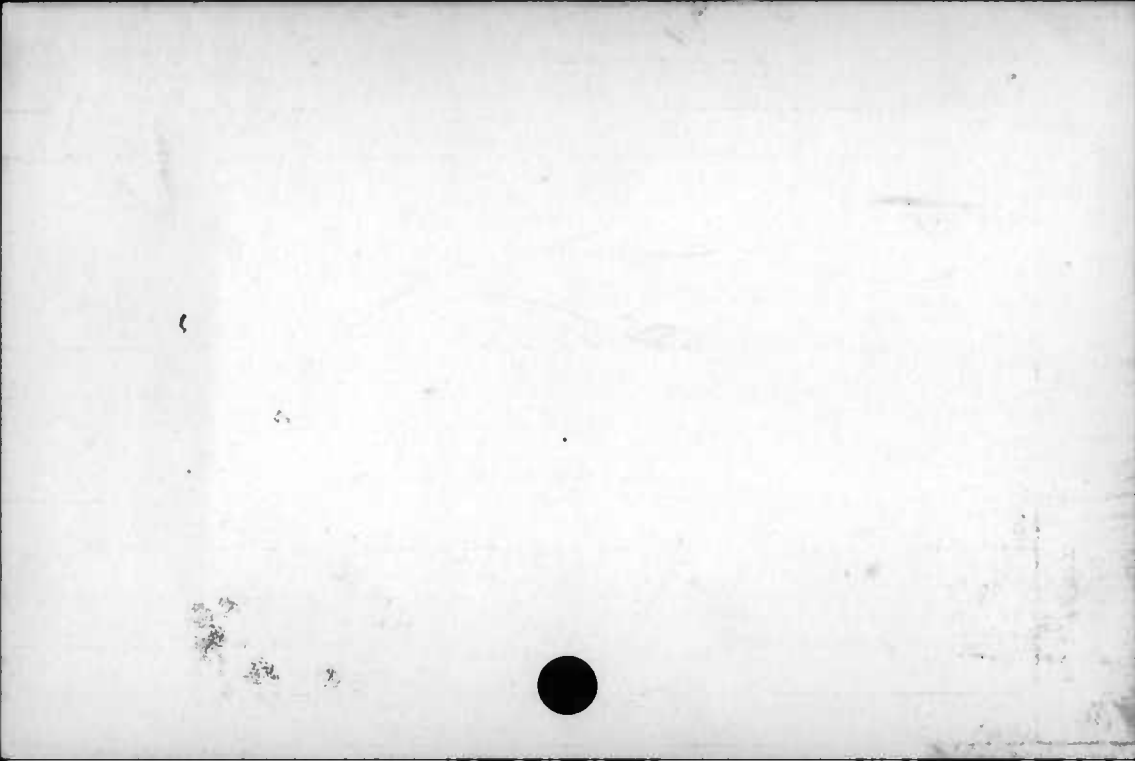
PHYSICIAN
OR CORONER

Primary	<i>Cholera, Erysipelas</i>		How long	<i>18</i>	<i>Two weeks</i>
Immediate	<i>Septicemia</i>		How long	<i>3</i>	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>J. S. Stone M.D.</i>		
			Address <i>Ridgely, Md.</i>		
Accident or Suicide?					



Name in Full		John Henry Van Gesel				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
5		Feb	21	67		11	-
Sex		Color or Race		Birth-place			
male		white		Delaware			
Married, Single or Widowed		Occupation					
married		Gentleman					
Name of Wife or Husband		Mary M. Macklin					
Father's Name		John Van Gesel				Father's Birthplace	
						Delaware	
Mother's Maiden Name		Pocilla Furby				Mother's Birthplace	
						Delaware	
Name of person giving information		Mrs Clara Andersen				How related to deceased	

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Pneumonia	How long
	Immediate	Pneumonia	4 days
	Are the name, age, sex, color, date and place correctly given above?	Yes	How long
	Signature of Physician	Eruck George MD	4 days
	Address	Denham	
Accident or Suicide?		Md.	



Name
in
Full

Wm W Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Preston</u> Town		<u>Caroline</u> County		MARYLAND	
Date of death	<u>1905</u>	Month	<u>Feb</u>	Day	<u>7th</u>
Age		<u>83</u>	Years	Months	<u>10</u>
Sex		<u>Male</u>	Color or Race	<u>White</u>	Birth-place
Occupation		<u>Farmer</u>	Where Residing if not at place of death		
Married, Single or Widowed		<u>Married</u>	Name of Wife or Husband		
Father's Name		<u>Emmett Williamson</u>	Father's Birthplace		
Mother's Maiden Name		<u>Sarah Fisher</u>	Mother's Birthplace		
Name of person giving Information		<u>Edgar J Williamson</u>	How related to deceased		
			<u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Capillary Bronchitis</u>	How long	<u>10 ds</u>
Immediate	<u>Heart failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	
Signature of Physician		<u>J. Raymond Downes</u>	
Address		<u>Preston</u>	
Accident or Suicide?		<u>✓</u>	

